STATE OF MARYI PLACE OF DEATH PHYSI CERTIFICATE OF DEA County classified. Registration Dist. No. EXACTL Ward) (If death occurred in a hospital or Institucertificate. tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. pe OR DIVORCED (lonth) (Write the word) hould 17 That I attended the deceased from 6 DATE OF BIRTH 0 (6) hat Instruction (Month) (Day) (Year) and that death occured on the date stated above, at ..... If LESS than 7 AGE 0 I day hrs. The CAUSE OF DEATH \* was as follows: pplied Ø ds. or min.? Ë ter 8 OCCUPATION 60 ns (a) Trade, profession or **⊆** Ø particular kind of work be carefully EATH in plain (b) General nature of industry important. business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER D. 0 00 11 BIRTHPLACE 0) [4] Disease Causing Death, or, in deaths from OF FATHER CAUSE Z Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER Inform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. yrs......ds. State ......yrs......mos..... (State or country) 00 Where was disease contracted, if not at place of death?... of shoul 14 THE ABOVE IS TRUE TO Former or statement usual residence..... (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURN S CIANS Registrar If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V.

V. S. No. 1

BINDING

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Ilousemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day luborar, Farm laborar, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return". Laborer,""Foreman,""Manager.""Dealworked on may form part of the second statement. Physician, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Salcsman. Locomolive engineer, (b) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerctyos pinal fever (the only definite synonym is "Epidemic (grebrospin: I meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,");

> "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Heart Janus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. stated unless important. Example: Mcarles (disease clanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 4th eduta is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH	
county It many	Registration Dist. No. 287	
Village or City Great Mills		Ward
2. FULL NAME anne y Bear	9.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If uonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)  (Yea	17)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Bean	22. I HEREBY CERTIFY. That I attended deceased	
6. DATE OF BIRTH (month, day, and year) July 5, 1874 7. AGE Years Months Oays If LESS than	I last saw base alive on 30, 1932; death is to have occurred on the date stated above, a 315 P m	
5 7 11 25 1 day,hrs.		onset
8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc	mysendition 5/1/	31
work was done, es SILK MILL, SAW MILL, BANK, etc.  Date deceased lest worked et this occupation (month end year)  11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Beltimere	Other Coutributory Causes of importance:	
(State or country)  13. NAME Thomas T	- Sanalysis agitarra /1/2	78
13. NAME James Thompson  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of	
15. MAIDEN NAME Jackel Brooks	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city er town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT A Character have been made	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Processing Place July 2, 1938	Manner of Injury	
19. UNOERTAKER LOM C mattingly (Address) from storm md	24. Was disease or injury In any way related to occupation of deceased? 200	
20. FILED June 30., 1932 Pyram had Registrar.	(Signed) (Address) Great Mills and	.M. 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

State UPA-	SIAIL OF MARYLAND—	
= = =	County St Mary	Registration Dist. No. 28 7
sh of	Village or City Seatterns	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U. S. if of foreign birth? yrs, mos. ds.
PHYSICIANS ict statement	2. FULL NAME Company Biscore  (a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. PH I. Exact	3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June 12 , 193 5 2 (Year)
ACTI assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roma Biscore	22. I HEREBY CERTIFY That I attended deceased from 1932 to June 12 1932
d EX erly cl icate.	6. DATE OF BIRTH (month, day, and year) Oct 20, 1846 7. AGE Years Months Days II LESS than	I last saw have alive on for alive on for alive on for alive occurred on the date stated above, et 1230 7 m.
stated E properly certificate.	8. Trade, protession, or particular P	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
should be it may be n back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (mathematical association this	Chroni Whorlin Heart Willes
t it	11. Total time (years) this occupation (mouth and 1930 spent in this occupation	Other Contributory Causes of Importance:
g prod	12. BIRTHPLACE (cily or town) (State or country)	Other Controller Controller
supplied n terms, ee instru	13. NAME John Riccoc	
efully supplied in plain terms, int. See instru	13. NAME John Brace  14. BIRTHPLACE (city or town) (State or country)  Manyland	Name ef operation Date of What test confirmed diagnosis? Wes there an autopsy?
efully in pla	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
- 10	0 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
hould be careful OF DEATH in p very important.	17. INFORMANT Allow A Local (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
S	18. BURIAL, CREMATION, OR REMOVAL Place It du his ameling Date June 19, 1932	Manner of Injury
mation s CAUSE TION is	19. UNDERTAKER Brust Robinson Richard	24. Wes disease or Injury in any way related to occupation of deceased? 24. If so, specify
(T)	20. FILED June 13, 1932 Affect Registrar.	(Signed) Afger M.D.  (Address) Great Mills, M.d.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County St Maryi	Registration Dist. No.
Village or City Waller Lan Wed-	No. St., Ward
Length of residence in city or town where death occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME (N) ham fremaline	0 0 1 . 1
(a) Residence: No.	St. Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
June 17, 1972	Host saw h slive on Philes nos stillby death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 9 m.
Chief stellon - I day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	Chies ptillborn Oata of onset
SAWYER, BOOKKEEPER, etc.	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
Note that the second of the se	
m/ no fee a a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME R. Le, Comon	
13. NAME PC. Le, Loanner  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) Cynth Carrier	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hattie Wiles	23. If death was due to externel causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Hattie Wiles  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT And Comments of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place W. Jung a Shurch Date June 11, 1932	Neture of injury
19. UNDERTAKER To See Control -	24. Was disease or Injury in any wey releted to occupation of deceesed?
20. FILED June 17, 1932 Hat fism Hole Registrar.	(Signed) M.D. (Address) Palle Fale Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		E	cample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of do f importance were as fo		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	The state of the s	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	WELD W.S.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			`	
Other contributory causes of importance:		Other contributory cause	s of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
	السيسيا			

V. S. No. 1

Jane 23, 19 3 2

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
should stated of OCCUPA	Village or City Beachville Md	No. St., M. death occurred in a hospital or institution, give its NAME instead of street and number)	
PHYSICIANS oct statement o		ds. How long in U.S. if of foreign birth?	
PH sct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY. PE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Smale Sch	21. DATE OF DEATH  (Month)  (Day)  (Year	
ACT	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased June 22, 19 8 2 to June 21, 19.	
E X cl	6. DATE OF BIRTH (month, day, and year)	Hast saw horn are on slead flowed 1, 19 32; death is	
stated E properly certificate	7. AGE Years Months Days If LESS then I day,	were as follows:	
be of	8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 220225	Sead 10 or 14 Says Elegarinia	
should it may n back	9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	beeling death done to	
(H) +1 9	Dete decessed lest worked at this occupation (month and year) spent in this occupation occupation	The land the state of the state	
so	12. BIRTHPLACE (city or town) de achrelle (State or country) Manufacie	Other Coutributory Causes of importence:	
upplied. terms, instru			
sur in te	13. NAME Mlian Carrol  14. BIRTHPLACE (city or town) Beachville  (State or country)	Name of operation Oate of Was there en autopsy?	
in ant	15. MAIDEN NAME Sadia Rebecka Bryan	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury	
- 0	16. BIRTHPLACE (city or town) - N - Mary 1 Co (State or country)	Where did Injury occur? (Specify city or town, county and State)	
should be OF DEA	17. INFORMANT Milliam Jarroll Hich	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
00 C-3 00	18. BURIAL, CREMATION OR REMOVAL Church Place of Reins Garess. Date , 19.32	Manner of injury	
CAUSE TION is	19. UNDERTAKER Isillian: Gassol,	24. Was disease or Injury in any way related to occupation of deceased?	
	(Address) / Lea christe Mil	If so, specify	

That I attended deceased from

... Was there en autopsy? - Per

... 19. 8.2

Date of onset

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

No	St., Ward give its NAME instead of street and number) eign birth?
St., Ward.	
	If nonresident give city or town and State
	TIFICATE OF DEATH
21. DATE OF DEATH	(Year) (Year)
22. I HEREBY C 23, 19  I last saw h elive on to have occurred on the date stated ab	32, to Dell General deceased from 31, to Dell General death is said
The PRINCIPAL CAUSE OF DEATH ar	
were es follows:	Date of onset
Tremaber	Bul.
(2.	Mouls)
Other Contributory Causes of importan	ce:
Name of operation	Oate of
Whet test confirmed diagnosis?	Was there en eutopsy?
23. If death was due to external ceuses	(VIOLENCE) fill in also the following:
Accident, suicide, or homicide?	Oate of injury, 19
Where did injury occur?	0 4
Specify whether injury occurred in INI	Specify city or town, county and State) DUSTRY, in HOME, or in PUBLIC PLACE.
Menner of Injury	The state of the s
Nature of injury	
	elated to occupation of deceesed?
If so, specify	)
(Signed) Leven	Dackson M.O.
(Address) BA	laste Hall

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PART OF STATE OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARYLAND—	-CERTIFICATE OF DEATH
County St Mary		Registration Dist. No. 287
Village or City Hollyn	~ · · · · · · · · · · · · · · · · · · ·	No. St., Ward
Length of residence In city or town where		
2. FULL NAME Clayres	dean	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (bay)  193 2  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
4	11/02	June 4, 193 7 10 June 9, 19.32
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Month	Days II LESS than I doy hrs.	to have occurred on the date stated above, at 6.10 P.m.
	or. J. min.	The PRINCIPAL CAUSE OF DEATH and releted courses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Patent Framen ovale
SAW MILL, BANK, etc	11. Total time (yeers) spent in this occupation	An.
12. BIRTHPLACE (city or town) Holly (State or country)	wood	Other Contributary Causes of Importance:
	00	-
13. NAME William 14. BIRTHPLACE (city or town)	and a	Neme of operation
(State of country)	yland	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Ognes &	Hean	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
(Slete or country)	<u> </u>	Accident, suicide, or homicide?
17. INFORMANT Romes & A (Address)	leand mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place of the first constant	mpore June 5, 1932	Manner of injury
19. UNDERTAKER THE MICO	zinakia	24. Wes disease or injury in any way related to occupation of deceased? 200
20 FILED June \$ , 1932	By Bean Ing	(Signed) Great mills md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	4000
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	820
County St. Lucy S	Registration Dist. No. 2v8 6
Village or City A Claude (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town whare daath occurredyrs,mos.	
2. FULL NAME and / Selmana	( Ferjusu
(a) Residence No. Jal	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Yaar
5a. If merried, widowad, or divorcad HUSBAND ot	
(or) WIFE of ann Palecea Felips	122. I HEREBY CERTIFY, Thet I attanded decaased
6. DATE OF BIRTH (month, day, and year) / 2 2 3 183 9	
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, at 3 P. m.
93 6 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated ceuses of importance ware as follows:
8 Trade profession or particular	Data ote
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which	aprilly s
work was dona, as SILK MILL, SAW MILL, BANK, etc	1 Stradely
10. Date daceased last worked et this occupation (month end spant in this	
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State ar country)	Puch of
	apyry
Ξ / /	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Lucra Tarleton	23. If daath was dua to axternal causes (VIOL ENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
≤ (State or country)	Whara did injury occur?
17. INFORMANT Benard Free (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place all fam Date 6 - 6 - 1932	Neture of injury
19. UNDERTAKER Enforce If all	24. Was disease or injury In any way related to occupation of decaasad? LV
(Address)	If so, specify
122 12. 12. 16/1	(Circulate VIVI) IC No. 0

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	BY PHYSICIAL	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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certificate.

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important.

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TION

V. S. No. 1

19. UNDERTAKER

20. FILED

pluods

Every

24. Was disease or injury in any wey related to occupation of deceased? If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulating V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

K.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	124 200
County St. Mary	Registration Dist. No. 200
Village or City & Mary Harpital	Noteonardtown mag ward
Length of residence in city or town where death occurred vrs. mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
(11)	Old.ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clark Slamslaus	Alle -
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBANO of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cora 20-1921	I last saw harm alive on Mary 2 8 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 630 G m
10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tood poisoning - June 27
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1932
O late deceased last worked at 11. Total time (years)	2
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town). Manual	Other Contributory Causes of Importance:
(State or country) Charles Country	
13. NAME Jasiph offerson Well	
13. NAME Jasoh Herron Will  14. BIRTHPEACE (city or town) Maryland	Name of operation none Oate of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Lucy Dell St. Clair	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maylan &	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Chronolds) mcl	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Hanne of tall and
Place of Joseph Cember Date June 29, 193/	Manner of injury
000000000000000000000000000000000000000	
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO JMM 28. 1932 A 12 Johnson	(Signed) Clarpus C. Welch
20. FILEO TYMA - A. 19 0 - A - A - Registrar.	(Address) Chaptred md.
If more blames are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
			Attack of epilepsy	1 week ago
Chronic interstitial nephr	The second secon	1921	Run over by street car	1 week ago
Cerebral hemorrhage	101 4 1905	July 5,1927	Peritonitis	3 days ago
	RUREA	1		
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RE	H UNFADING	y supplied. AGE	ain terms, so tha
	N. BWRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that
V. S. No. 1	N. B. WRITI	mation	× CAUSE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
county St Mary	Registration Dist. No. 284
Village or City Mechanics rule	No. St., War
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME General Mally	
(a) Residence: No. Mechanic mile. Wal,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Married	21. DATE OF DEATH  Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (er) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year)	I last sow ham alive on June 8 ,1932; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL. Farmer Amiller, BANK, etc.  10. Date daceased last worked at this occupation (month and	Myacardial failure 5
10. Date daceased last worked at this occupation (month and year)  11. Total time years) spent in this occupation occupation occupation.	Other Contributary Causes of importance:
	Serminal Broncho preumonea five:
13. NAME William Racely  14. BIRTHPLACE (city or town) Maryland  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elegabeth Cartis  16. BIRTHPLACE (city or town) Mary and (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFORMANT Jusiph Haely (Address) Michanies Ville md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary Church Charles June 11, 1932	Manner of injury
19. UNDERTAKER Elmer R. Jartae (Address) Mechanisquele md	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20, FILED 6/10, 1932 Run Jostino. Registrar.	(Signed) May C. Welch M. (Address) M. Flied, Mild.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronie interstitial nephritis	1921	Run over by street car	LORUND V. S. I	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			9 TOP   1835	
Other contributory causes of importance:		Other contributory	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis	- H_	1 year

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	6285
1. PLACE OF DEATH		(50)	
County St. Manys		Registration Dist. Np. 28	4
Village or City Michanics W	ill.	No. St	3444
vinage of only		f death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where death occu	irredyrsmos	ds. How long in U.S.If of foreign birth?yrs	mosds.
2. FULL NAME (Saly)	dolf		
(a) Residence: No.	ual place of abode)	St.,Ward.	10.
PERSONAL AND STATISTICAL I		If nonresident give city or town at MEDICAL CERTIFICATE OF DEATH	d State
	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	DIVORCED (write the word)	June 19	193 2
	1 string	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attende	d deceased from
(6) 1112 01		June 1 9, 1932, to June 10	
6. DATE OF BIRTH (month, day, and year)	9-32	I last saw ham alive on June 1 9 193,	∠; death is said
7. AGE Years Months I	Days If LESS than	to have occurred on the date stated above, at 530 Pm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticular	1 01	were as follows.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		Premature buth - 6 mo-1	
SAW MILL, BANK, etc			
D Date deceased last worked at this occupation (month and year)	1. Total time (years) spent in this occupation		
med	mesnille med	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	meshell in	1	
13. NAME DECEMBER 13. NAME	Hawkins	none	
I CONTRACTOR	1 O		
14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Date of.	
	· N.0+	What test confirmed diagnosis? Was there an	
I IS. MAINER HAME IN ACC	me Holy	23. If death was due to external causes (VIDLENCE) fill in also the following	9
15. MAIDEN NAME Many madaline Holt 16. BIRTHPLACE (city or town) many land (State or country)		Accident, suicide, or homicide? Date of injury	, 19
(State of Country)		Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Derge N. A.	awkins.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
(Address)  18. BURIAL, CREMATION, DR REMOVAL			
Place St. Jusych Centary Date	June 2/ 1932	Manner of Injury	
	1	Nature of injury	
19 UNDERTAKER Cline 17. Ja	tal	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Week, md	Pa	If so, specify	
20. FILED & 1 20 , 19 3 2 Kenny	Huckson	(Signed) Crayum C. William	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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See instructions on back

TION is very important.

(Address)

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

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Exact statement

STATE OF N  1. PLACE OF DEATH  County Village or City Very Village or City Very Very Very Very Very Very Very Ver	lfom (1)	Registration Dist. No. 282  No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	100 trm	St Ward.
(U) NOSIGORIOS. NO.	sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2 4. COLOR OR RACE 5. SING OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended deceased from
	Days If LESS than 1 day,	to have occurred on the date safed above, at 2 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	t1. Total time (years) spant in this occupation	Date of onset
12. BIRTHPLACE (city or town) 2214 (State or country)	eu h	Other Coatributory Causes of importance:
13. NAME (10		Name of operation Date of
15. MAIDEN NAME CASCIE O, WORENS  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Mys. Wm Cleaves from (Address)		23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicido, or homicide?
18. BURIAL EREMATION OR REMOVAL CLARE COMP	6/5- 32	Manner of injury

Registrar.

24. Was disease or inju

(Address)

If so, specify (Signed) way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_ (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) widawed (Month) (Year) 5a. If married, widowed, or-divorced HUSBAND O 22. ERTIFY. That I attended deceased from (or) WIFE of ec. 18 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of enset 8. Trade, profession, or particular une 20 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. VO. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of Importance: Wasa. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation\_. 14. BIRTHPLACE (city or town) (State or country) ----- Was there an autopsy?\_\_\_\_\_ What test confirmed diagnosis?\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) \_. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TV. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis ,	3 days ago
		JOSAN DE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County St Harys	Registration Dist. No. 18 200
Village or City Lerboardlonno Md	NoSt., Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) os.,, ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Les Mashing ton	Faylor
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR-RACE OR DIVORCED (write the word)  Male  Male  A COLOR-OR-RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Louise Mason	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and yeer) Unkensum	I last saw hors alive on
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $2-30  \text{km}$ .
1 Trak 9 1 day,hr	
8. Trada, profession, or particular	mere as follows:  Date of once
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation wonth and the occupation worked at spent in this occupation occupation.	
J. l.	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) A Charles and (State or country)	
E	Name of a section of the section of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Course It Mars a Character en autopsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
T I I I I I I I I I I I I I I I I I I I	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Son Liongs Royansonal Taylor (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Holly word	Manner of injury
Place & Shorthunds Date June 16, 1938	Neture of injury
We Writt	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
15 32 6	(Signed) Brown A. L. M.
20. FILED Registrar.	(Address) Lemandrono My

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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> Example I Example II

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

19. UNDERTAKER

(Address)

should state of OCCUPA.

1. PLACE OF DEATH County Str. Many		CERTIFICATE OF DEATH  Registration Dist. No. 28	789 3
2. FULL NAME A SULLY (a) Residence: No. Drawl	eath occurred yrs mos Cudel Thomas Le (Usual place of abode)	No.  f death occurred in a horpital or institution, give its NAME instead of street and s	mosds.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAK 5	., 193 2 (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months	Days   If LESS than   1 dey,hrs.   orhrs.	to have occurred on the date stated above, at	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this	Diemature Buth	
12. BIRTHPLACE (city or town) Cavelly (State or goguntsy)	occupation	Other Coutributory Causes of Importance:	
13. NAME MOOME IN  14. BIRTHPLACE (city or town)	wwal-	Name of operation Date of	-
(State or country)		What test confirmed diagnosis? Wes there en	
15. MAIDEN NAME (MAY)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (MAY)	maj-	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	g: , 19
(Address)  18. BURIAL, OREMATION, OR REMOVAL	The same of the	Manner of injury	

24. Was disease or injury in any way related If so, specify

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Nature of injury

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BURLAN V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	ILY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	TH in plain terms, so that it may be properly classified. Exact statement of OCCUI	mortant. Sae instructions on back of certificate.
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Length of residence in city or town where deeth occurred. mos. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) 5a/ W merried, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Deys If LESS than to have occurred on the date stated ebova, at 1.0. m. 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence or\_\_\_\_min. were as follows: Date of enset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked et 11. Totel time (years) this occupation (month end spent In this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata er country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ...... Was there en eutopsy?..... MOTHER 15. MAIDEN NAME AN 23. If death wes due to external causes (VIOLENCE) fill In elso tha following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of injury .... 24. Was diseasa or injury in any wey related to occupation of deceased?\_ 19. UNDERTAKER (Address) If so, specify Registrar. (Address) and

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-0
County St Marys	Registration Dist. No. 237
Village or City Gell Timbers (If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth? yrsmosds.
(a) Residence: No. 1503 Jung J. N. K. (Usual place of abode)	St., Ward. Washington, D. C.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of Or) WIFE of Iteless B Wilch	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at /O.Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bookkerp. SAWYER, BDDKKEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Fracture of skell & frontal  Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Henorshage
13. NAME	
13. NAME  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Placebaskington Del. Date June 17, 1932	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19 UNDERTAKER Um & Mattingley (Address) Leonaselton Mel  20. FILED June 16., 1832 Afficial Registrar.	24. Was disease or injury in any way related to occupation of deceased? 16  If so, specify  (Signed)  (Address)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II .		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	JEL 5 1002	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Corebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH
1. PLACE OF DEATH	250
County/ Magein	Registration Dist. No.
Village or City Oretton	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Decebons for	
(a) Residence: No. Prese	St., Ward.
(Usual place of abode)	If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OPRACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
E DATE OF PIPTH (month day and year) Dates 9 /3 >	193 Do 193 193
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I fast saw h
day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Were as follows:
kind of work done, as SPINNER, SAWYER BDOKKEFPER etc.	Suelbous
9. Industry or business in which work was done, as SILK MILL.	( morestrasely
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and pear)	
no 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Des Your	
	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME IS A Yorkey	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did Injury occur?
17. INFDRMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Migree Date 9, 1957	Nature of injury
19, UNDERTAKER Zee 19	24. Was disease or injury in any way related to occupation of deceased?
(Address) Street	If so, specify
	minut al Agelli I. Chilled lin
20. FILED 6/9 1932 Command	(Signed)

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d and	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
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	Other contributory causes of importance:	E E L	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	